

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028432

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3710

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
16 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Arizona b. COUNTY Maricopa

c. CITY OR TOWN Phoenix Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1204 West Washington Apt. 1
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Oscar C. Johnson

4. DATE OF DEATH Month Day Year
June 28, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6-26-87

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
76 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tin Smith

10b. KIND OF BUSINESS OR INDUSTRY
Soo Railroad

11. BIRTHPLACE (City and state or country)
? Sweden

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Johnson

13b. MOTHER'S MAIDEN NAME

"Unknown"

14. NAME OF HUSBAND OR WIFE

Leah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. John (Bernice) Barville, E. Minneapolis 14, Minnesota

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia

Secondary to

DUE TO (b) Perforated duodenal ulcer - post operative

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-18-63 to 6-28-63 and last saw him alive on 6-28-63
Death occurred at 12:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2400 Cherry - K.C., Mo.

22c. DATE SIGNED

7-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

7-4-63

23c. NAME OF CEMETERY OR CREMATORY

Hillside Cemetery

23d. LOCATION (City, town, or county)

Minneapolis, Hennepin Co., Minnesota

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-3-63

26. REGISTRAR'S SIGNATURE

P. L. Long

WEILERT FUNERAL HOMES (S) K.C., MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

Aug 7 1963

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0-1

0-2

0-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4729

P. O. Address Trumble, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.